

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212527490					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CALIBRE SYSTEMS, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN S WISIACKAS ODIN FELDMAN & PITTMAN 9302 LEE HWY STE 1100 FAIRFAX, VA 22031-6054</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2012</p> <p>SCC ID NO: 03262102</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>500,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	500,000	
CLASS	AUTHORIZED						
COMMON	500,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 6354 WALKER LANE METRO PARK STE 300</p> <p style="text-align: center;">CITY/ST/ZIP: ALEXANDRIA, VA 22310</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOSEPH A MARTORE TITLE: PRES/CEO ADDRESS: 728 SPRINGVALE RD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JOSEPH A MARTORE TITLE: PRES/CEO ADDRESS: 728 SPRINGVALE RD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JOSEPH A MARTORE TITLE: PRES/CEO ADDRESS: 728 SPRINGVALE RD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT W LARRICK TITLE: EVP/CAO/SEC ADDRESS: 14499 WATERFORD WOODS CT CITY/ST/ZIP/CO: LEESBURG, VA 20176 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROBERT W LARRICK TITLE: EVP/CAO/SEC ADDRESS: 14499 WATERFORD WOODS CT CITY/ST/ZIP/CO: LEESBURG, VA 20176	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ROBERT W LARRICK TITLE: EVP/CAO/SEC ADDRESS: 14499 WATERFORD WOODS CT CITY/ST/ZIP/CO: LEESBURG, VA 20176	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROLAND W CARTER TITLE: SVP OPERATIONS ADDRESS: 3953 STIRRUP COURT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROLAND W CARTER TITLE: SVP OPERATIONS ADDRESS: 3953 STIRRUP COURT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ROLAND W CARTER TITLE: SVP OPERATIONS ADDRESS: 3953 STIRRUP COURT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JEFFREY E GIANGIULI TITLE: SVP BUS DEV ADDRESS: 7023 CLUB HOUSE CIRCLE CITY/ST/ZIP/CO: NEW MARKET, MD 21774 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JEFFREY E GIANGIULI TITLE: SVP BUS DEV ADDRESS: 7023 CLUB HOUSE CIRCLE CITY/ST/ZIP/CO: NEW MARKET, MD 21774	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JEFFREY E GIANGIULI TITLE: SVP BUS DEV ADDRESS: 7023 CLUB HOUSE CIRCLE CITY/ST/ZIP/CO: NEW MARKET, MD 21774	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM O MAXWELL TITLE: EVP/CFO/TRES ADDRESS: 1846 N. HERNDON STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22201 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: WILLIAM O MAXWELL TITLE: EVP/CFO/TRES ADDRESS: 1846 N. HERNDON STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: WILLIAM O MAXWELL TITLE: EVP/CFO/TRES ADDRESS: 1846 N. HERNDON STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN C MUTARELLI TITLE: EVP/COO ADDRESS: 12534 BELFIELD COURT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JOHN C MUTARELLI TITLE: EVP/COO ADDRESS: 12534 BELFIELD COURT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JOHN C MUTARELLI TITLE: EVP/COO ADDRESS: 12534 BELFIELD COURT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WAYNE M POLSTER EVP/CDO 6615 COMET CIRCLE APT 304 SPRINGFIELD, VA 22150	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS P CARNEY DIRECTOR 9806 KIRKTREE CT FAIRFAX, VA 22302	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES A P CORCORAN DIRECTOR 12115 CREOLE CT PARRISH, FL 34219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH H REYNOLDS DIRECTOR 8419 MARTINGALE DRIVE MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES T SCOTT DIRECTOR PO BOX 893 COLEMAN, TX 76834	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MINDY L SCOTT DIRECTOR 12702 SABASTIAN DRIVE FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L VANANTWERP DIRECTOR 951 SEVEN LAKES N WEST END, NC 27376	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROBERT W LARRICK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT W LARRICK, EVP/CAO/SEC PRINTED NAME AND CORPORATE TITLE	7/23/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			